

Behavioral Health Services Subcommittee 08.19.11: Opioid Addiction Treatment in Public Health

Region 5 launched the Public Health Opiate Replacement Therapy (ORT) Program out of the Las Cruces Health Office in **July of 2007**, staffed by 1 physician and 1 psychiatric nurse practitioner.

PROGRAM PHILOSOPHY

- Opiate replacement therapy is one part of **continuum of public health harm reduction services** (including syringe exchange and opiate overdose prevention with Narcan)
- A significant proportion of persons to whom public health services are already directed (persons living with hepatitis C, HIV/AIDS, diabetes, obesity, and prenatal/postpartum care) also live with substance use disorder and behavioral health issues associated with that disorder
- **Addiction is a chronic disease** of the brain which must be treated, managed and monitored over a person's lifetime. Addiction is a medical problem; it is not just a social, moral or criminal problem (ASAM, 2011).

REGION 5 SUBOXONE PATIENT PROFILE

- Average monthly caseload between 170-190 persons with 200-250 clinic/office/class visits per month
- On average 50% of patients report injection behavior (with heroin) and remaining 50% report oral opioid use (prescription pain medication)
- About **90%** of patients are **at or below the federal poverty level/about 60%** have **public or private insurance**
- **80% of patients** from Las Cruces and greater Doña Ana County

PATIENT FINANCIAL ASSISTANCE

- Support for application to Medicaid, State Coverage Insurance (SCI) or pharmaceutical company medication assistance programs provided to indigent persons
- Limited funding in FY12 to provide short term subsidy on Suboxone purchase for patients recently released from county detention facility or prison, to support addiction treatment access during community re-entry and reduce recidivism

CHALLENGES

- Extremely limited number of certified physicians provide Suboxone services statewide
- Suboxone prescription privileges limited to certified MDs (no midlevels)
- Limits on suboxone patient caseload (30 in first year, 100 following years)
- State Coverage Insurance (SCI) currently closed to enrollment
- Prior Authorization requirement for persons with Medicaid (i.e., Presbyterian SALUD) coverage represents barrier to access (extremely time consuming)
- Limited in-patient facilities for those that need this level of care.
- High levels of un/underinsurance among population with highest level of need for access to opiate addiction treatment
- Federally funded Access to Recovery (ATR) Project in NM does not cover medication assisted treatment for opiate addiction

POTENTIAL

- Pharmaceutical company patent for Suboxone expired in 2009 and should lead to cheaper generic drug formulations in coming months
- Historic collaboration between Public Health and Public Safety with regard to county detention facilities, prisons, and probation/parole offices as foundation for expanded addiction treatment options for persons at high risk
- Education/Prevention/Intervention strategies for substance use disorders, hepatitis C, HIV/AIDS, sexually transmitted diseases and TB, have great potential for innovative integration options
- Sharing lessons learned, promising practices, creative concepts, innovative ideas addressing substance abuse/dependency as a chronic disease of the brain that can be successfully treated with medication ***

For More Information

Website <http://www.healthynm.org/>; see **Southwest Pathways** and **QuickLinks**

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